MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. ___ FILING DATE ___ APPLICANT(S) ___

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	51						
1	1						52						
2		1					53						
3		1					54						
4		1					55						
5							56						
6							57						
7	1						58						
8							59						
9							60						
10							61						
11		1					62						
12							63						
13			1				64						
14							65						
15							66						
16							67						
17							68						
18		1					69						
19	1						70						
20							71						
21			1				72						
22	1						73						
23			1				74						
24			1				75						
25			1				76						
26			1				77						
27	1						78						
28			1				79						
29	1						80						
30		1					81						1
31							82						
32							83						
33							84						
34							85						
35							86						
36							87						
37							88						
38							89						
39							90						
40							91						
41							92						
42							93						
43							94						
44							95						
45							96						
46							97						
47							98						
48							99						
49							100						
50													
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	24/30						TOTAL DEP.						